
HEALTH FUND ADVISORY COUNCIL MEETING



OCTOBER 13, 2021

**Molly Magarik
Cabinet Secretary
Department of Health and Social Services**

AGENDA

- **Welcome and Introductions**
- **Approval of Minutes**
 - November 5, 2020 Meeting
- **Litigation Update**
- **Budget Update**
- **Overview of Delaware Health Trends**
- **Innovation Fund Update**
- **Process for Developing FY 23 Recommendations**
- **Public Comment**
- **Adjournment**





APPROVAL OF NOVEMBER 5, 2020 MEETING MINUTES



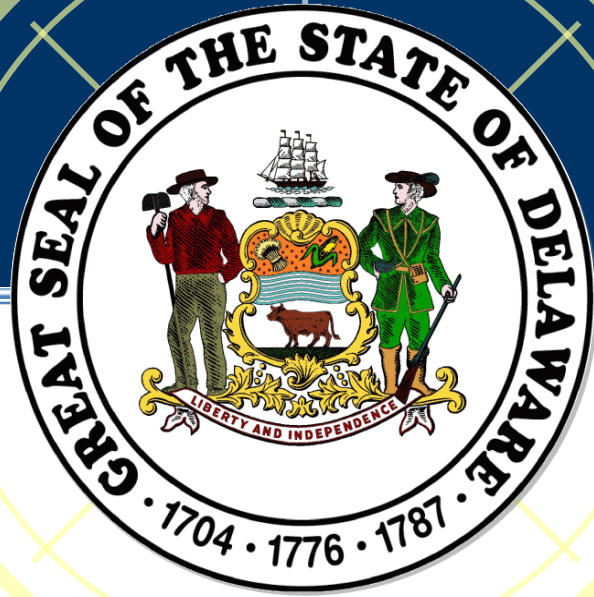
LITIGATION UPDATE

VANESSA KASSAB, DEPUTY ATTORNEY GENERAL



FY 23 BUDGET UPDATE

CARLA CASSELL-CARTER, OFFICE OF MANAGEMENT AND BUDGET (OMB)



State of Delaware

Financial Overview

Health Fund Advisory Committee
October 13, 2021

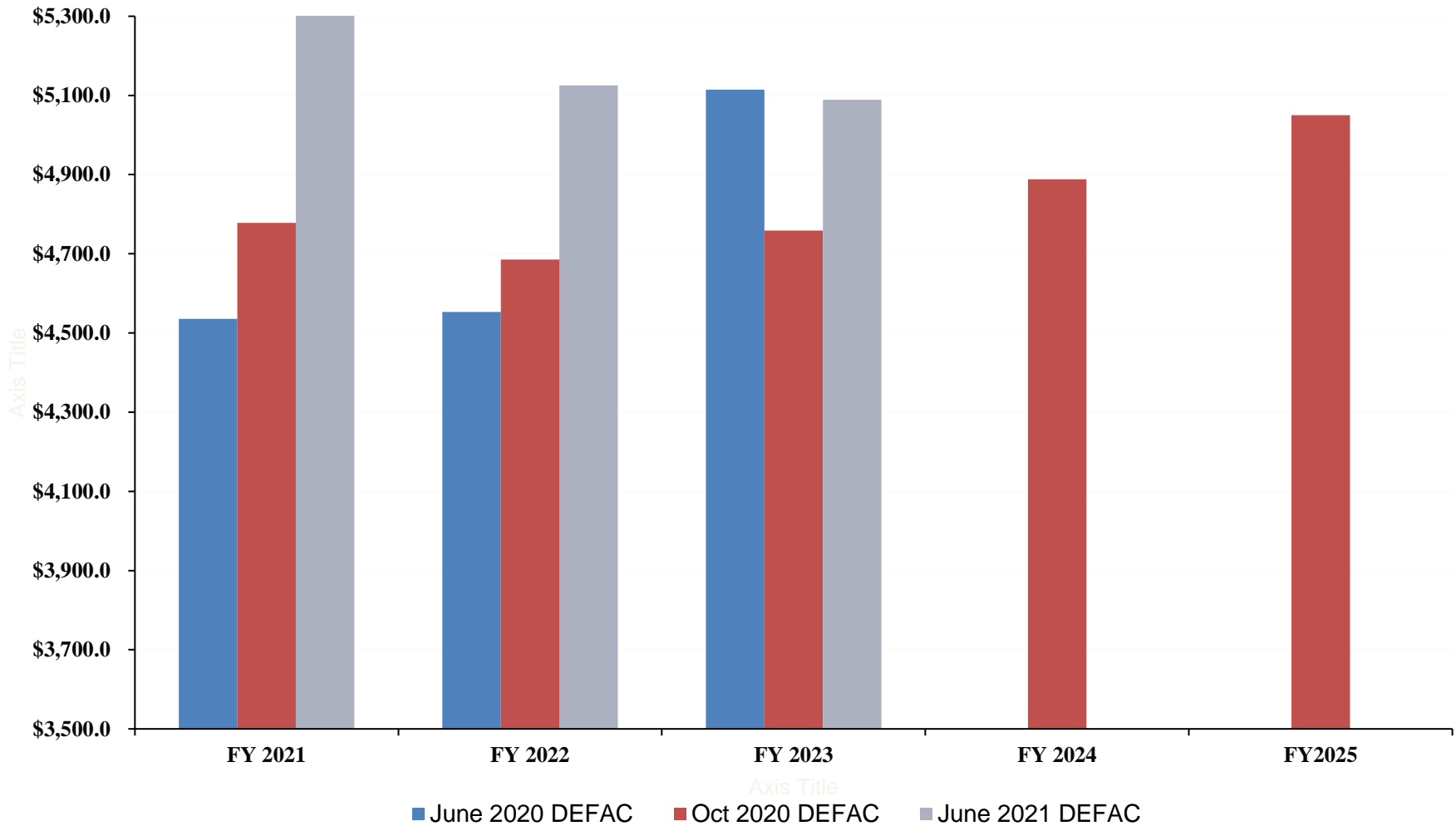
Agenda

- FY 2022 Budget Package Overview
- DEFAC Revenue Forecast
- Cost Drivers
- Spending Limitations
- FY 2023 and What's Next

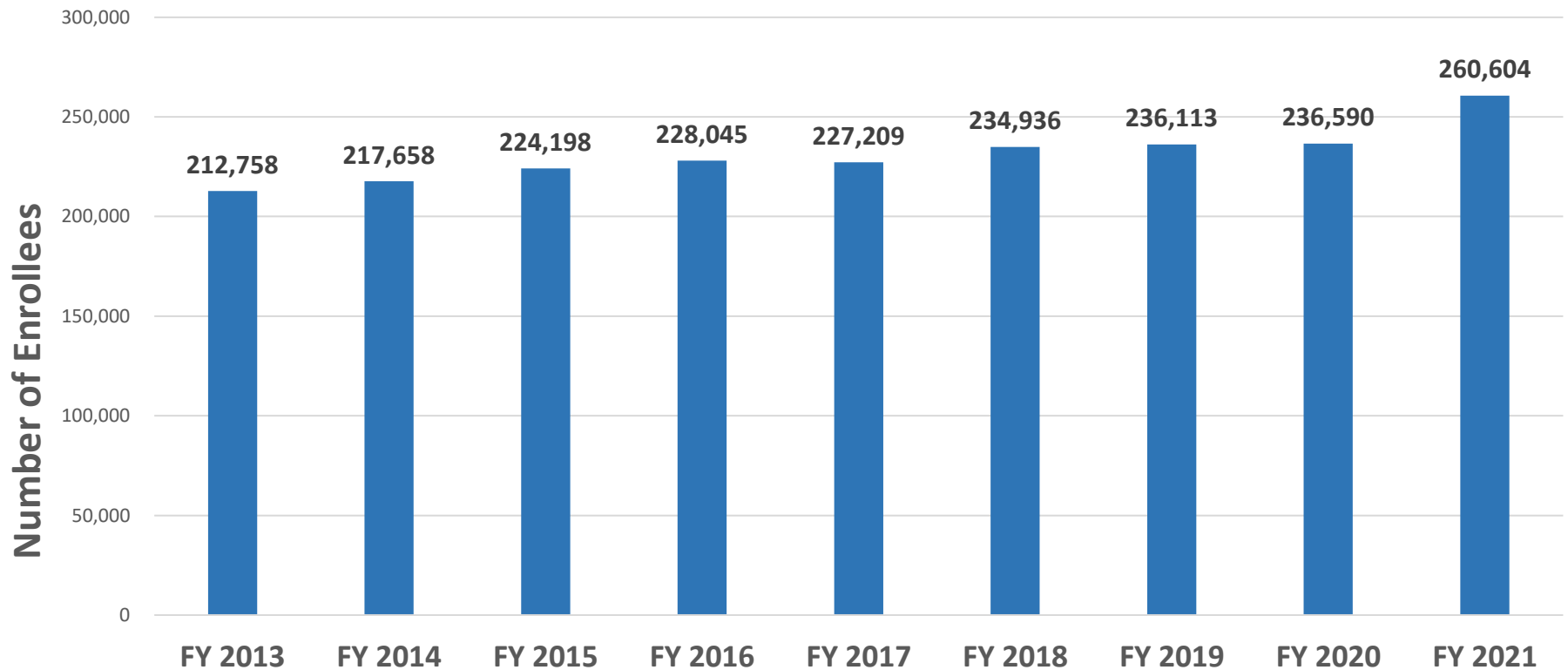
Fiscal Year 2022 Financial Package

- **General Fund Operating Budget.....\$4,771.5 M**
 - GF Operating Budget Growth 4.9% (\$224.5M)
- **Bond and Capital Improvements Act.....\$1,350.9 M**
 - State Capital Projects \$964.8M
 - G.O. Bonds \$255.9 M
 - Cash \$692.3 M
 - Other. \$16.6 M
 - Transportation Authorizations . . . \$386.1 M
- **Grants-In-Aid.....\$63.2 M**
- **One-Time Supplemental.....\$221.1 M**
- **Budget Stabilization Fund.....\$287.3 M**

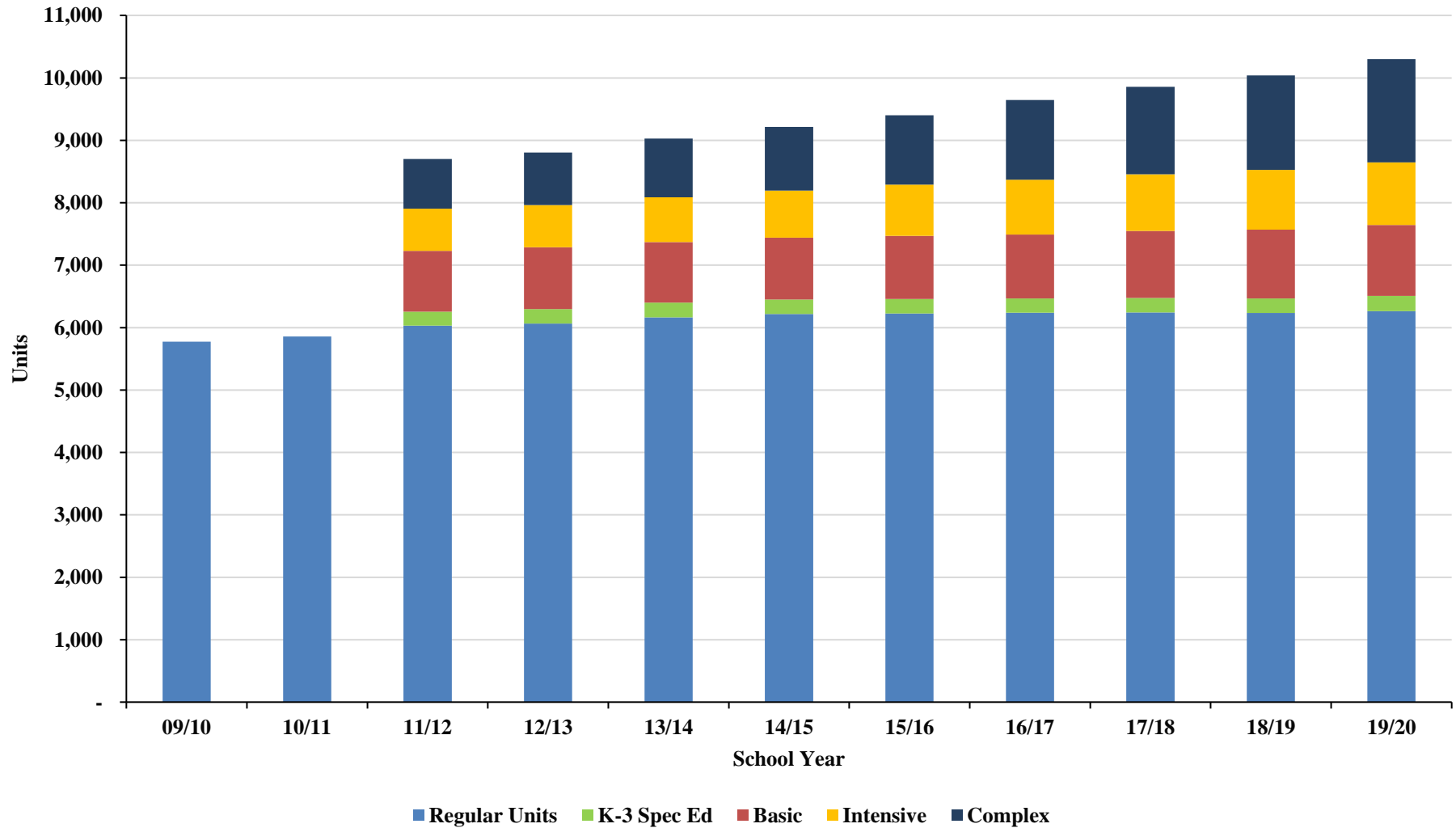
DEFAC: Five Year Revenue Forecast



Cost Drivers: Avg. Enrollment for Medicaid



Cost Drivers: Student Units



Spending Limitations

- 98% Appropriation Limit
- 2% Set-Aside
- 5% Rainy Day Fund
- Executive Order 21
 - EO is Non-binding to the General Assembly
- Debt Issuance

DE Constitution Article VIII: <https://delcode.delaware.gov/constitution/index.shtml>

29 Del. Code §7422: <https://delcode.delaware.gov/>

EO 21: <https://governor.delaware.gov/executive-orders/eo21/>

What does this mean for FY 2023?

- Continue with COVID-19 response
- Updated revenue forecast Oct. 18
- Three budgetary issues:
 1. Anticipate less resources to spend in FY 23 than we have in FY 22
 2. Mandatory cost increases (Door Openers) estimated at \$190M⁺
 3. BSF is up to \$287.3M

What's Next?

- October – review of agency budget request submission
- October/November – OMB Public Hearings – Operating and Capital Budget Requests
- December 18, 2021 – DEFAC Meeting
- January 2022 – Governor's Recommended Budgets
- February – JFC Public Hearings – Operating Budget
- February – Bond Bill Public Hearings – Capital Budget
- March – DEFAC
- April – DEFAC
- May – DEFAC
- May – JFC Markup – Operating Budget
- June – DEFAC
- June – Bond Bill Markup – Capital Budget

End



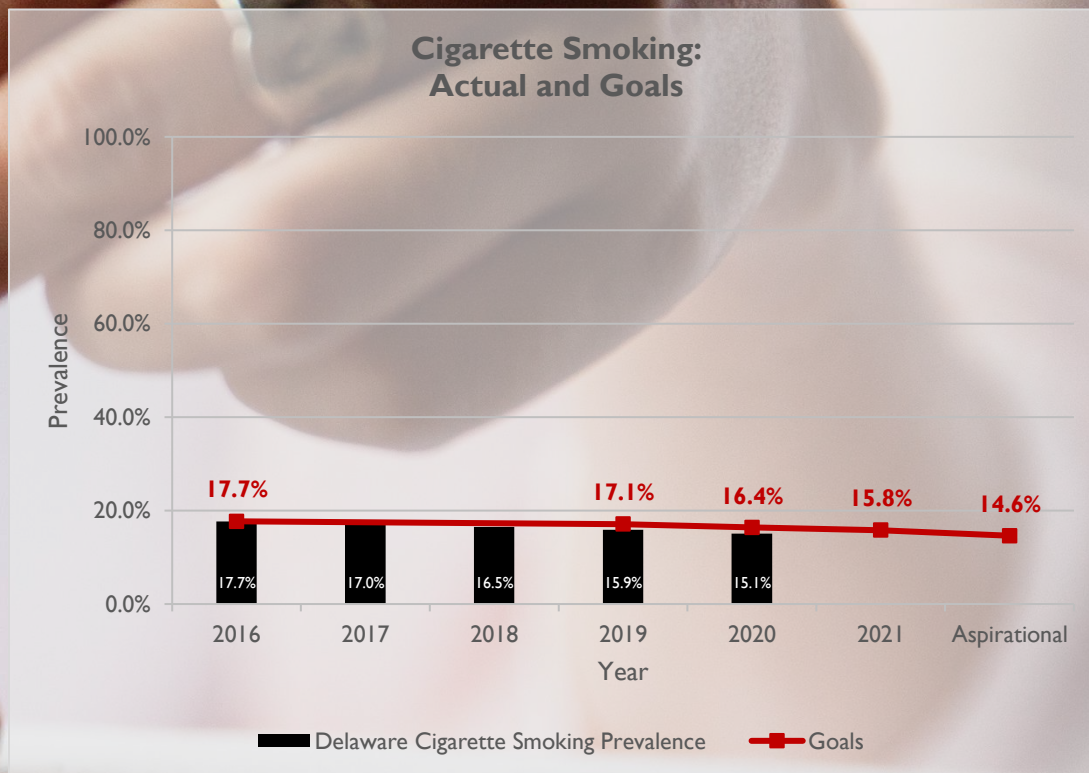


OVERVIEW OF DELAWARE HEALTH TRENDS



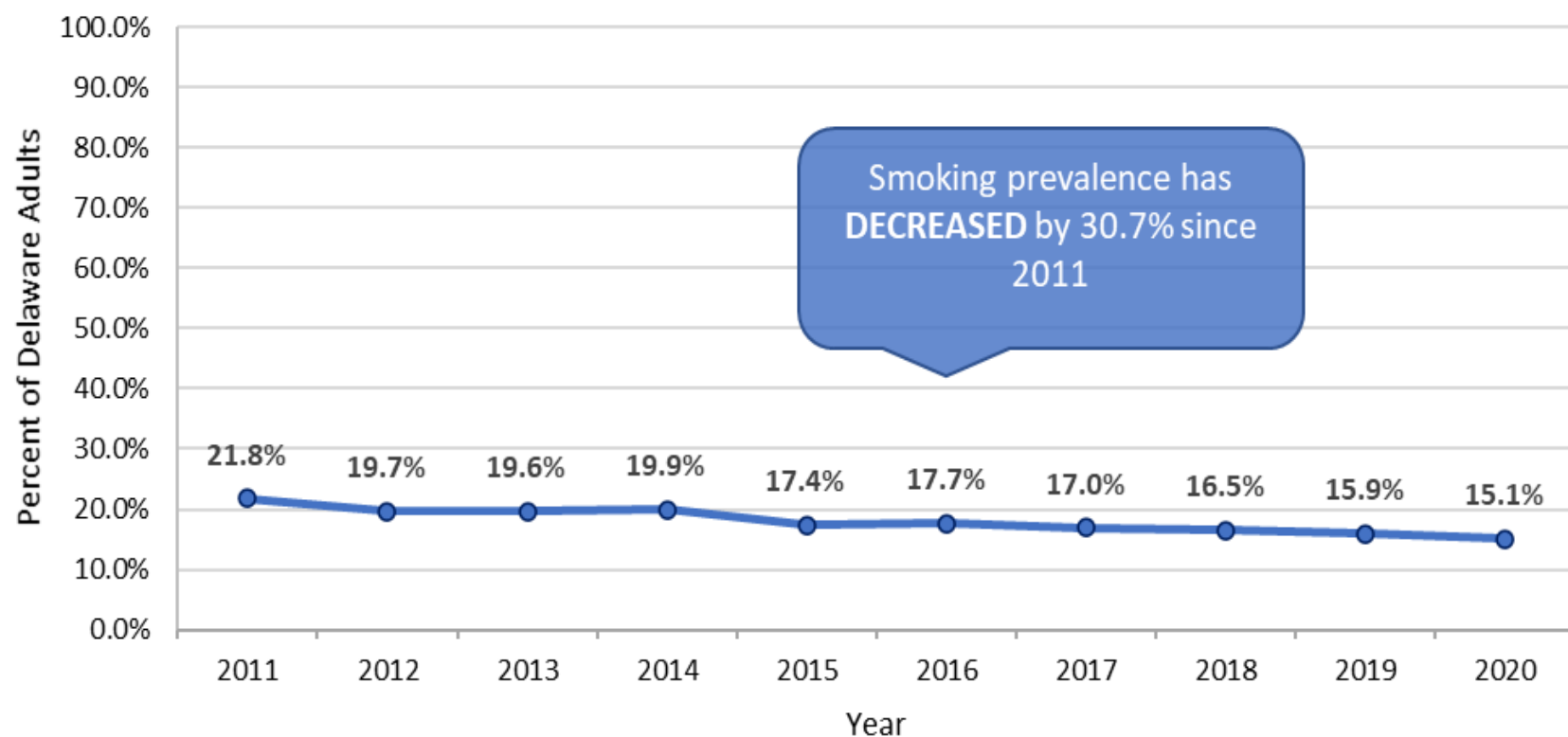
TOBACCO USE

QUALITY BENCHMARK FOR TOBACCO USE



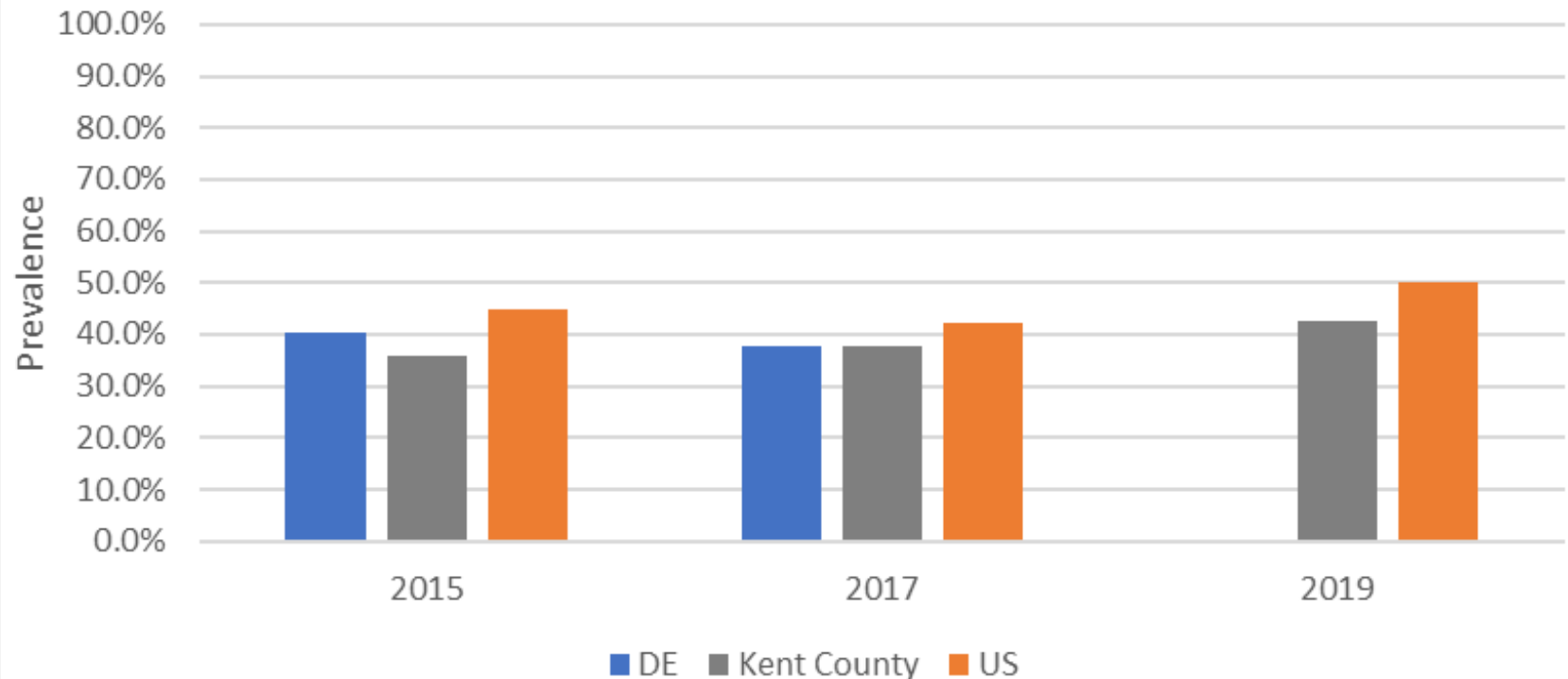
*Behavioral Risk Factor Surveillance System, CDC

Delaware Adult Cigarette Smoking Prevalence, 2011-2020



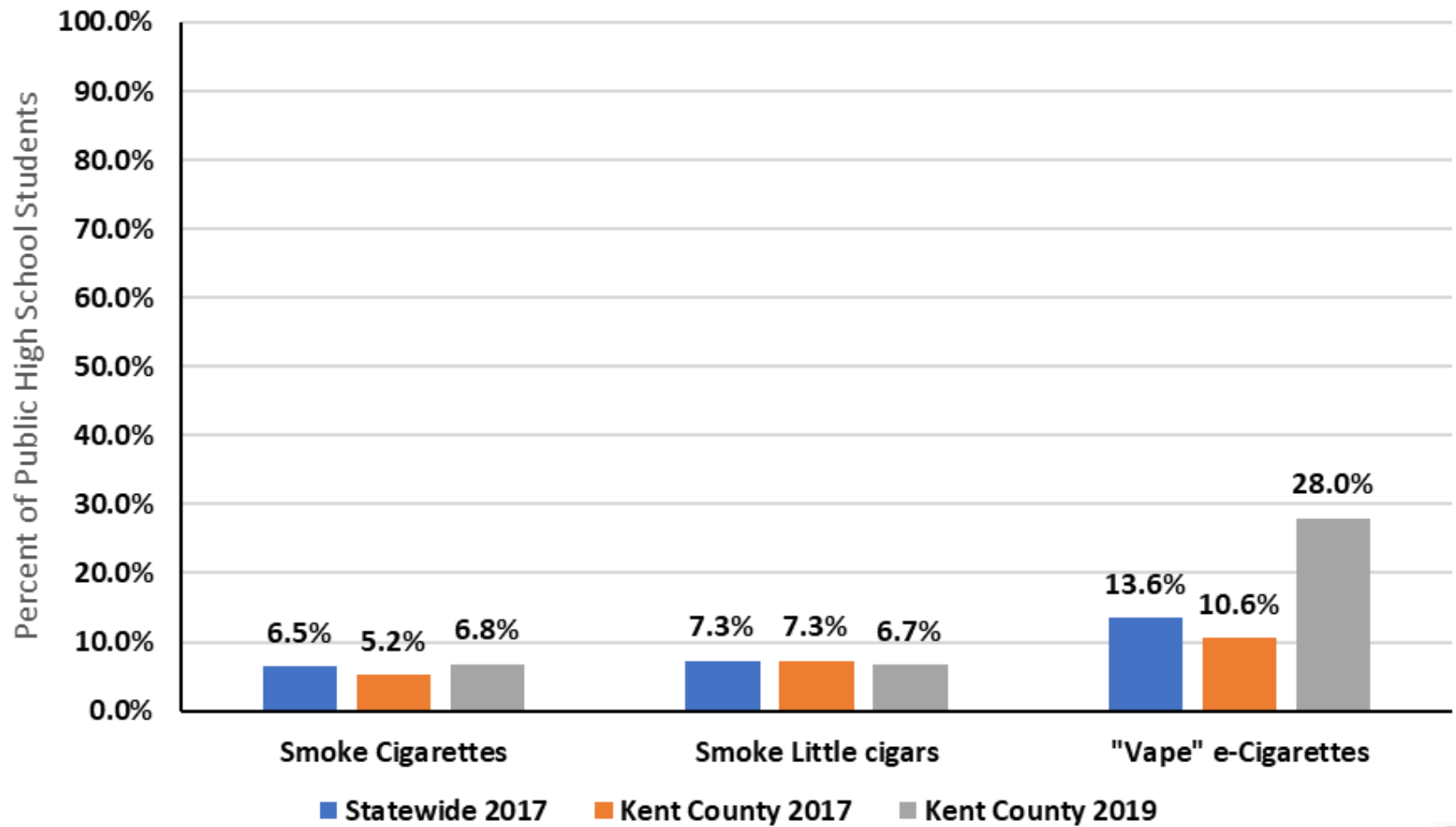
Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2011-2020

High School Students who EVER Used Electronic Vapor Products, 2015-2019



Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBSS), 1999-2019

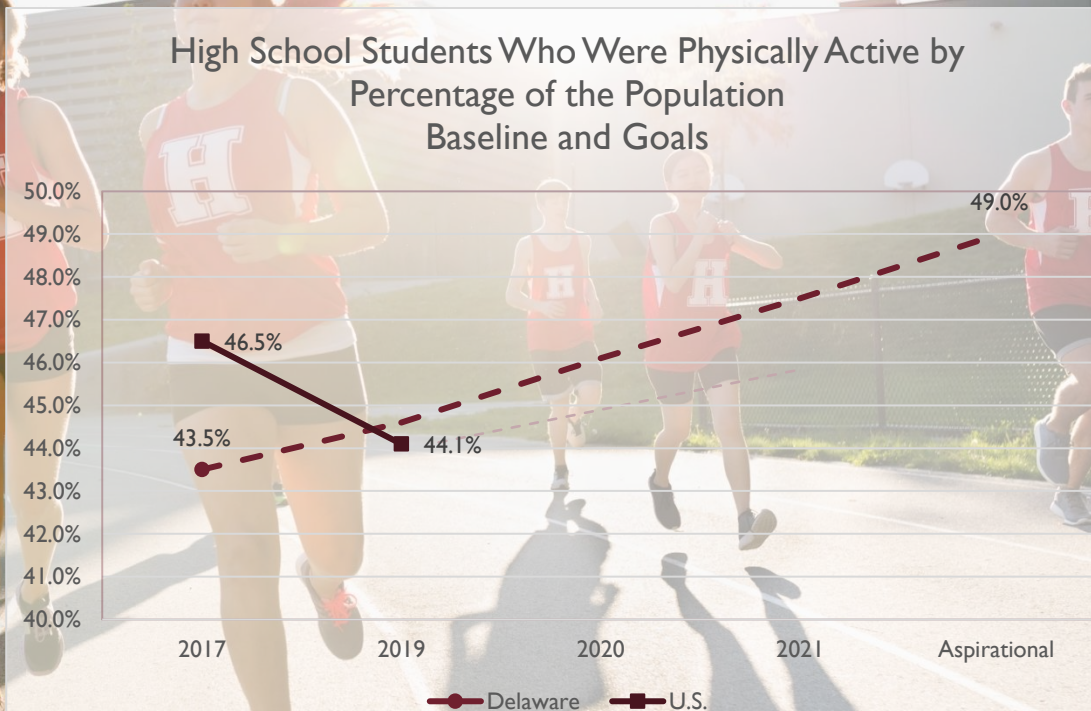
Comparison of Current Use of Different Tobacco Products, Statewide 2017 and Kent County 2017 and 2019



Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBSS), 2017 & 2019



QUALITY BENCHMARK FOR HIGH SCHOOL STUDENTS WHO WERE PHYSICALLY ACTIVE



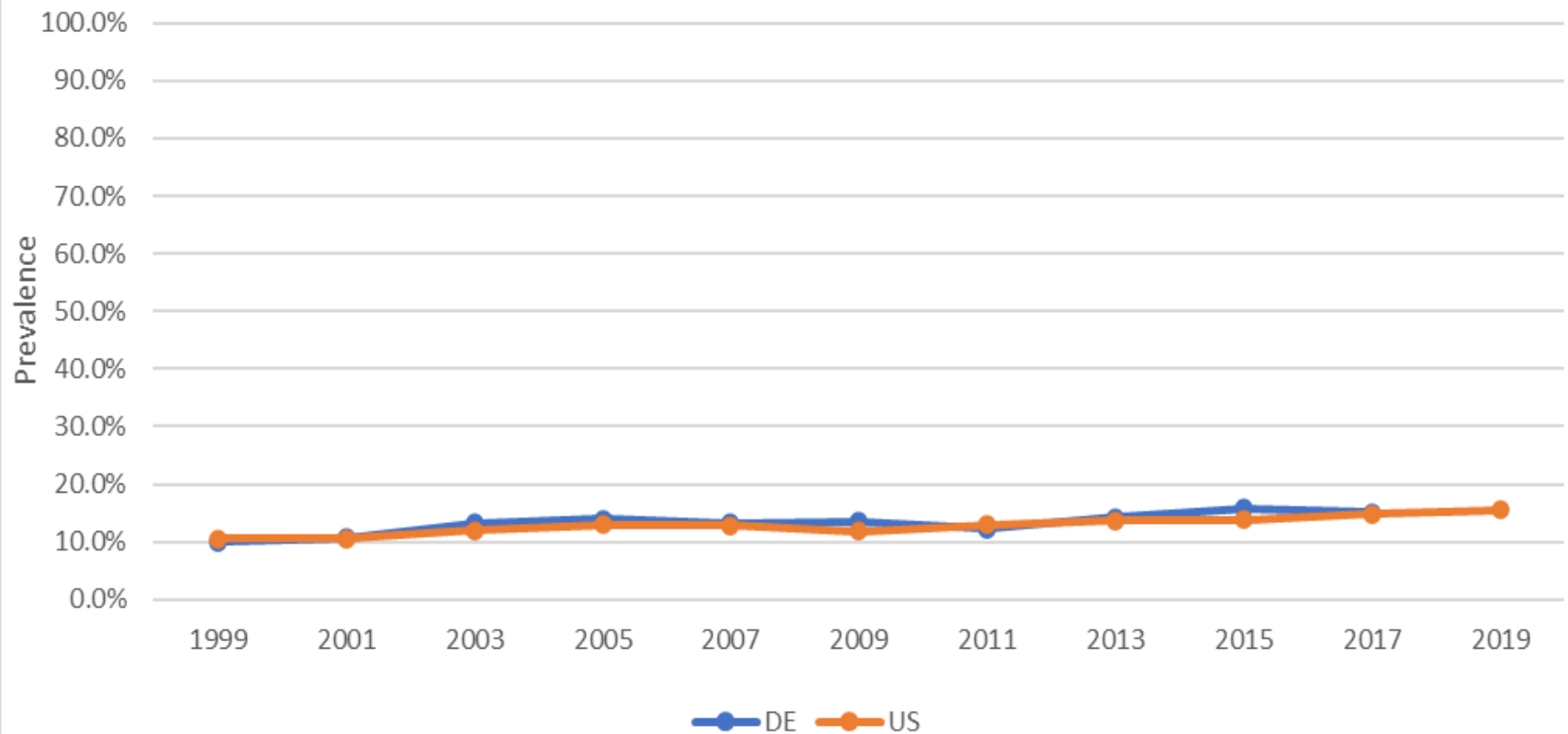
*Youth Risk Behavior Survey, CDC

**There is no benchmark for 2020 because there will be no data available to measure performance. The survey serving as the data source is administered by the federal government every other year.



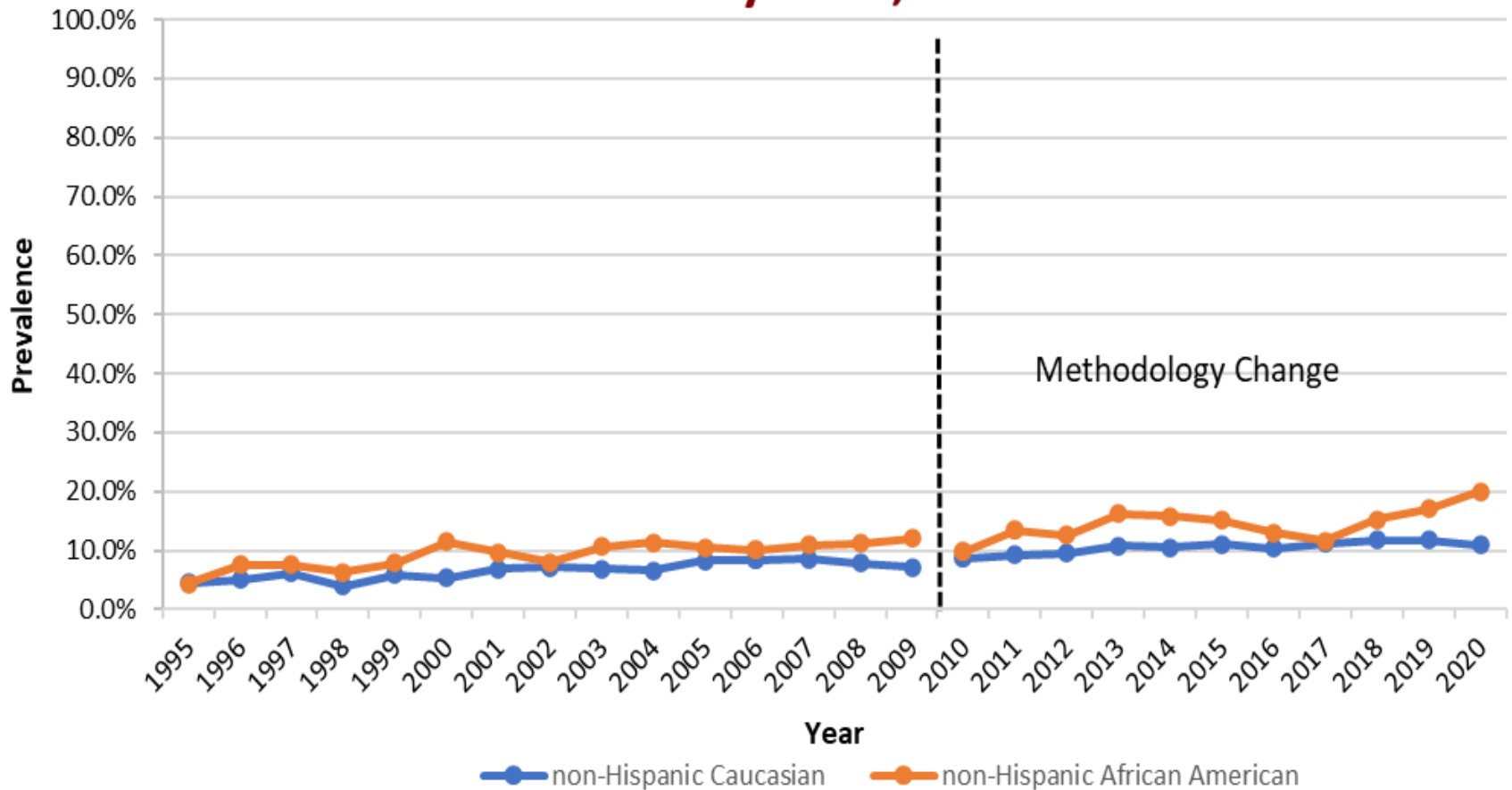
CHRONIC DISEASES

High School Students who were Obese, DE and US, 1999-2019



Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBSS), 1999-2019

Prevalence of Delaware Adults Diagnosed with Diabetes by Race, 2000-2020



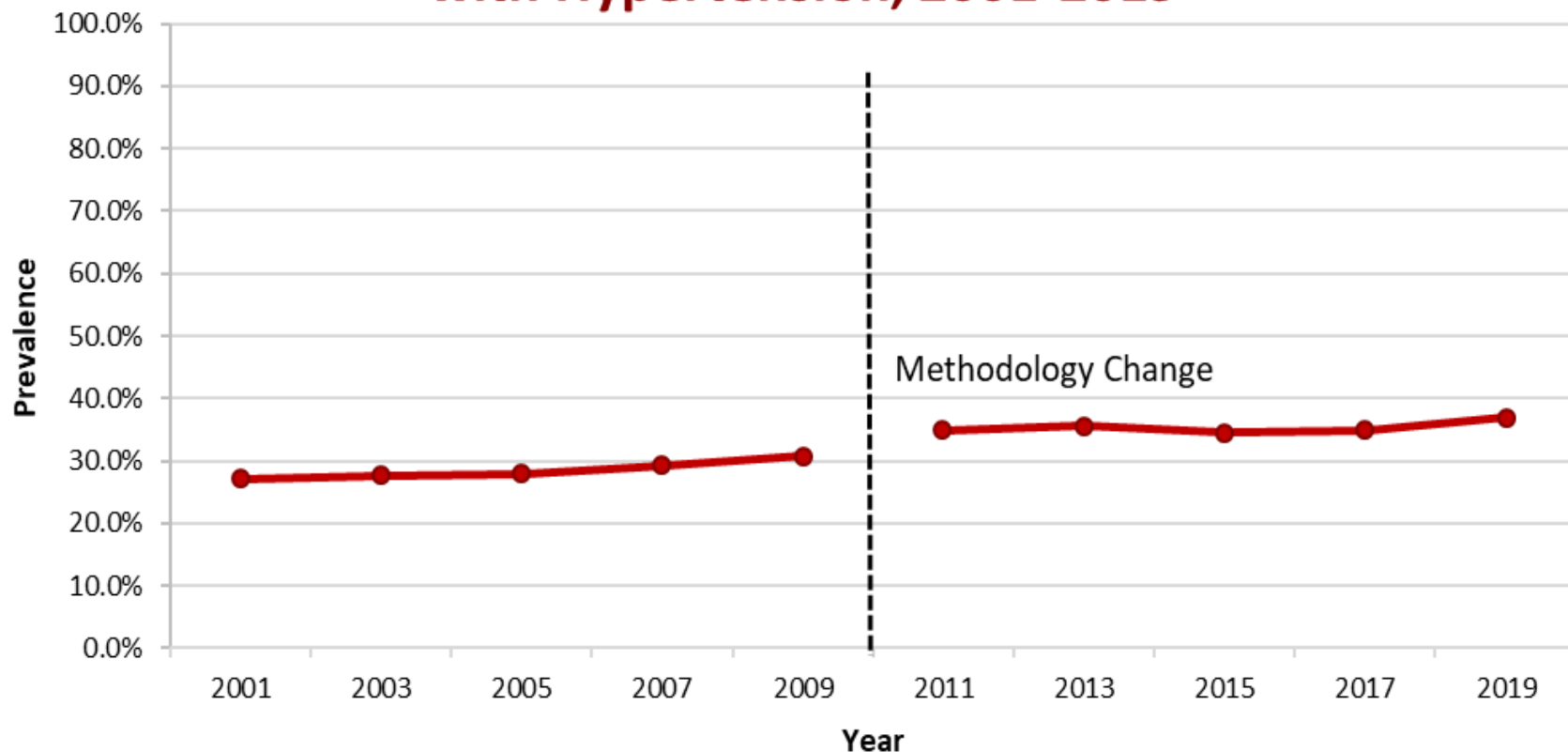
Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 1995-2020

OBESITY/OVERWEIGHT

- **Obesity:** 21.2 percent of obese Delaware adults have diabetes, compared to 4.7 percent of normal weight Delaware adults.
- **Overweight:** 10.8 percent of overweight Delaware adults have diabetes, compared to 4.7 percent of normal weight Delaware adults.



Prevalence of Delaware Adults Diagnosed with Hypertension, 2001-2019



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2001-2019

COVID-19 AND CHRONIC DISEASE

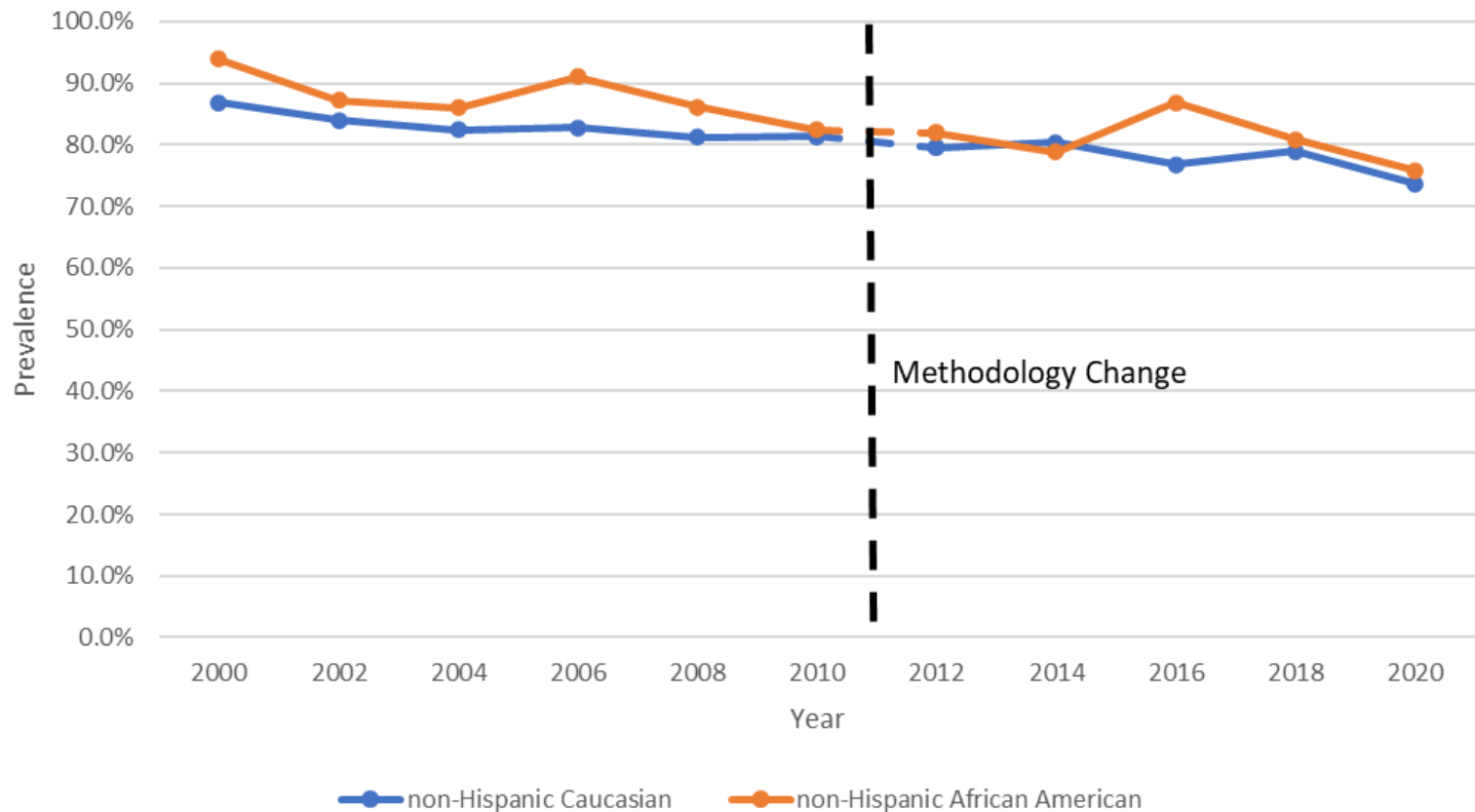
- Linked to increased severe illness and negative outcomes:
 - OBESITY
 - PREDIABETES
 - DIABETES
 - HYPERTENSION
- COVID-19 Illness is also linked to new onset diabetes
 - Could affect diabetes prevalence estimates in the upcoming years





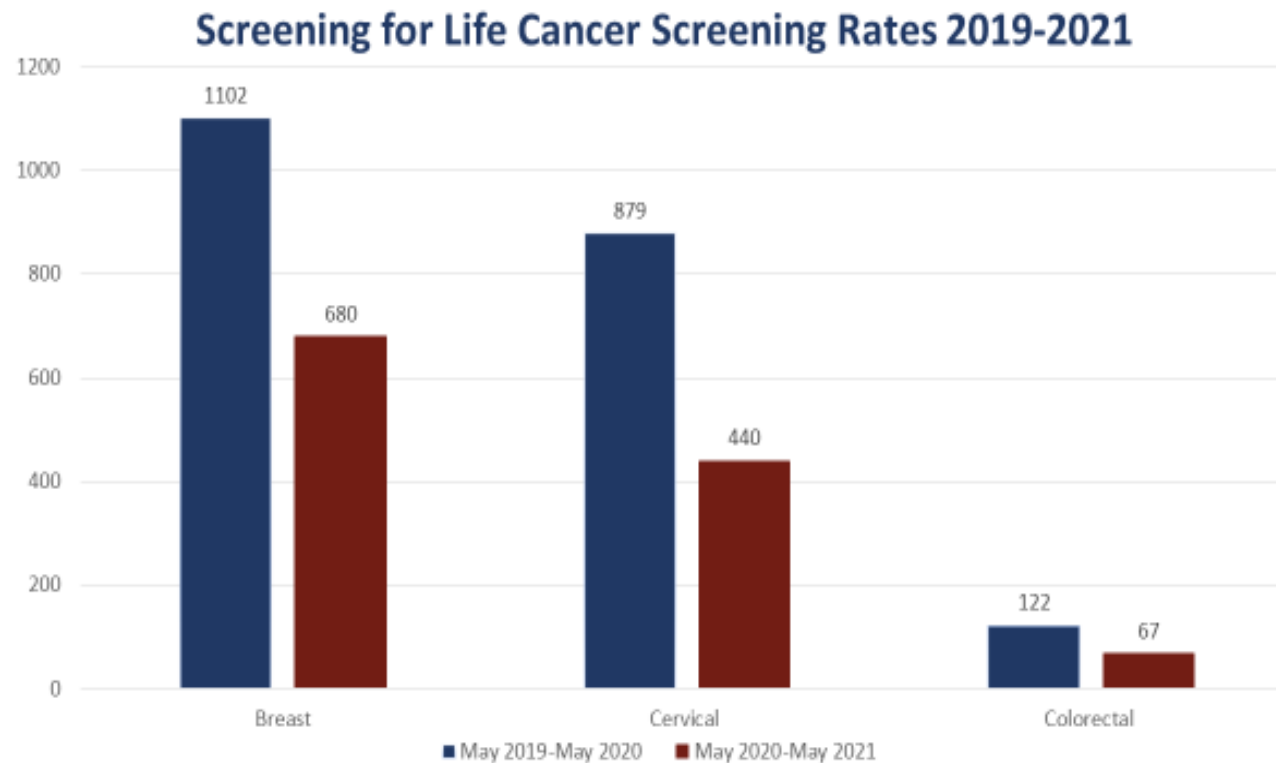
CANCER SCREENING

Prevalence of Delaware Women age 40 and Older Who Have Received a Mammogram Within the Past Two Years, 2000-2020

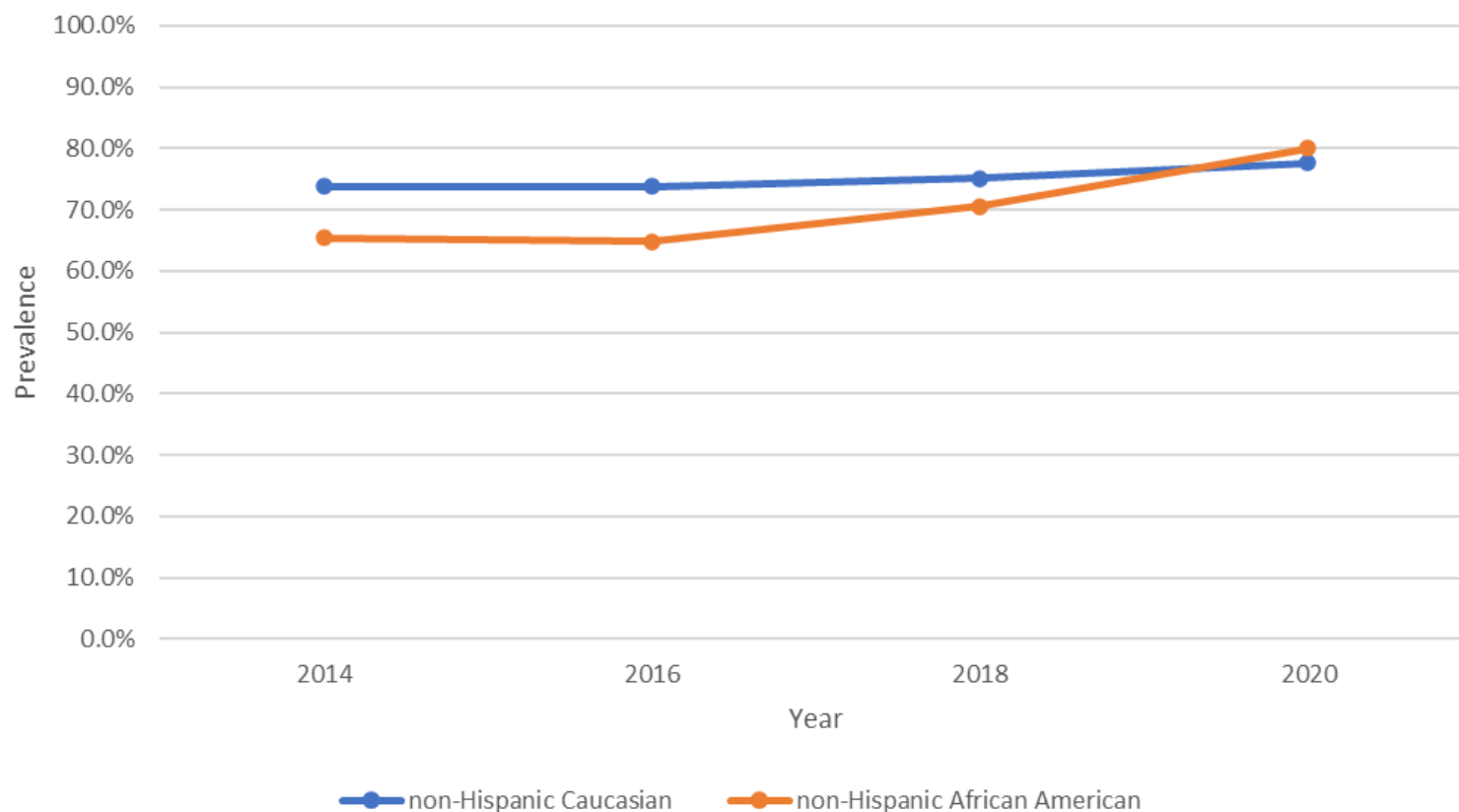


Source: DHSS, DPH, Behavioral Risk Factor Survey, 2000-2020

Cancer Screening Rates in Delaware



Prevalence of Delaware Adults by Race Who Have Met the USPSTF Colorectal Cancer Screening Recommendations, 2014-2020



ESTIMATED ECONOMIC COSTS OF CANCER

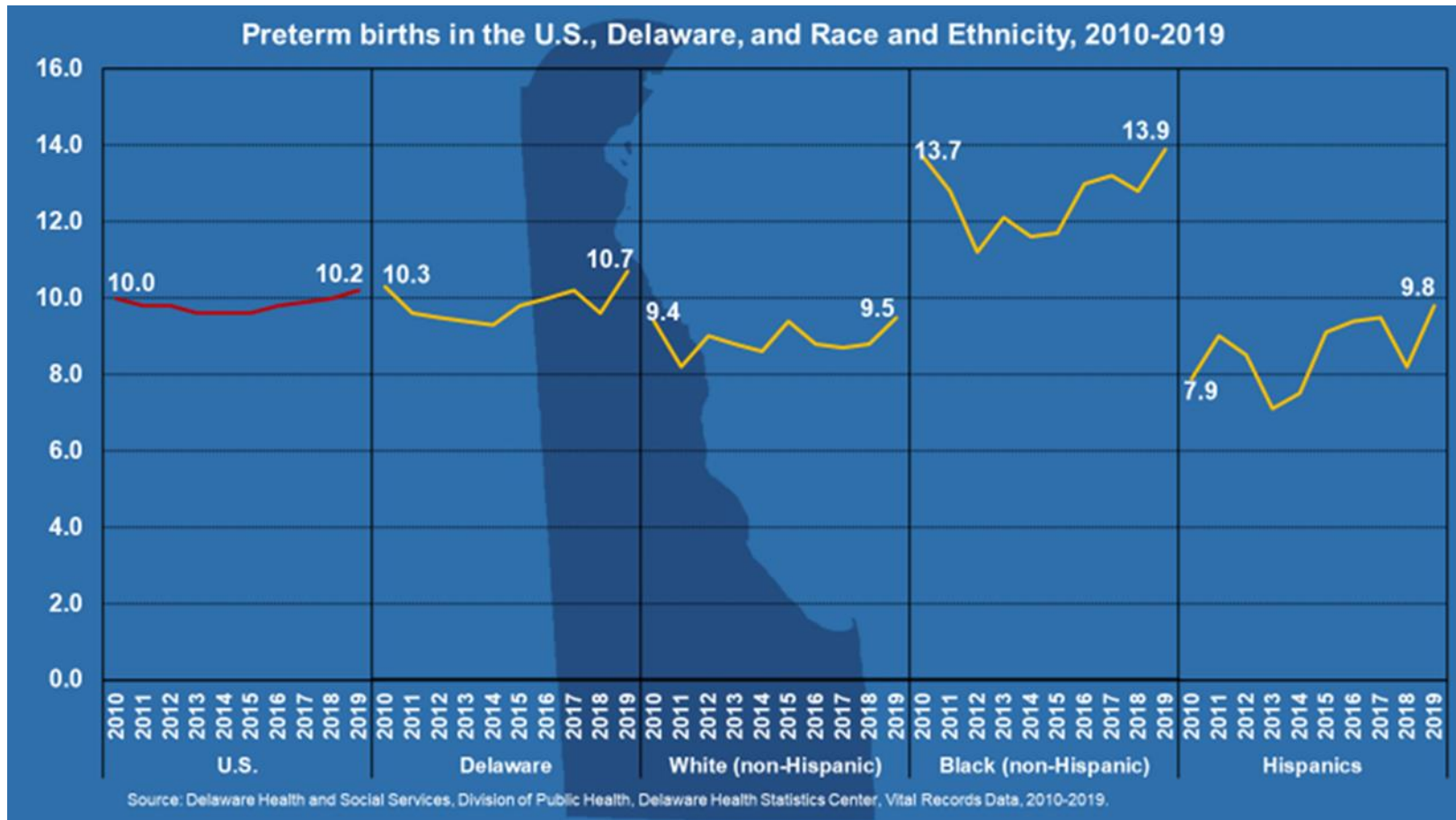
- According to the National Institutes of Health, the projected National total cost of cancer care in 2020:
 - \$173 Billion
 - 39% increase from 2010
 - Prostate Cancer and Breast Cancer estimated to see the largest increase in expenditures



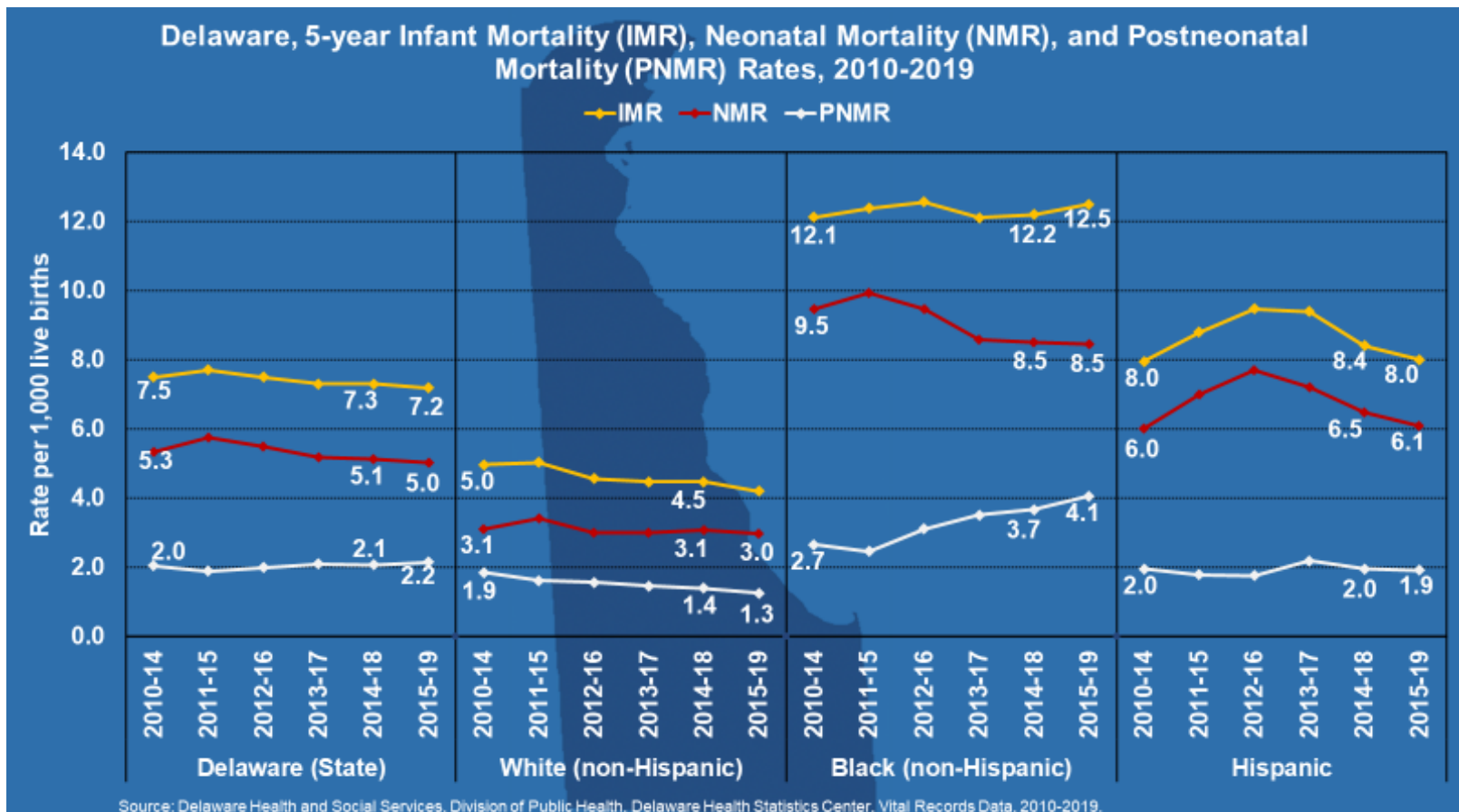


MATERNAL AND CHILD HEALTH

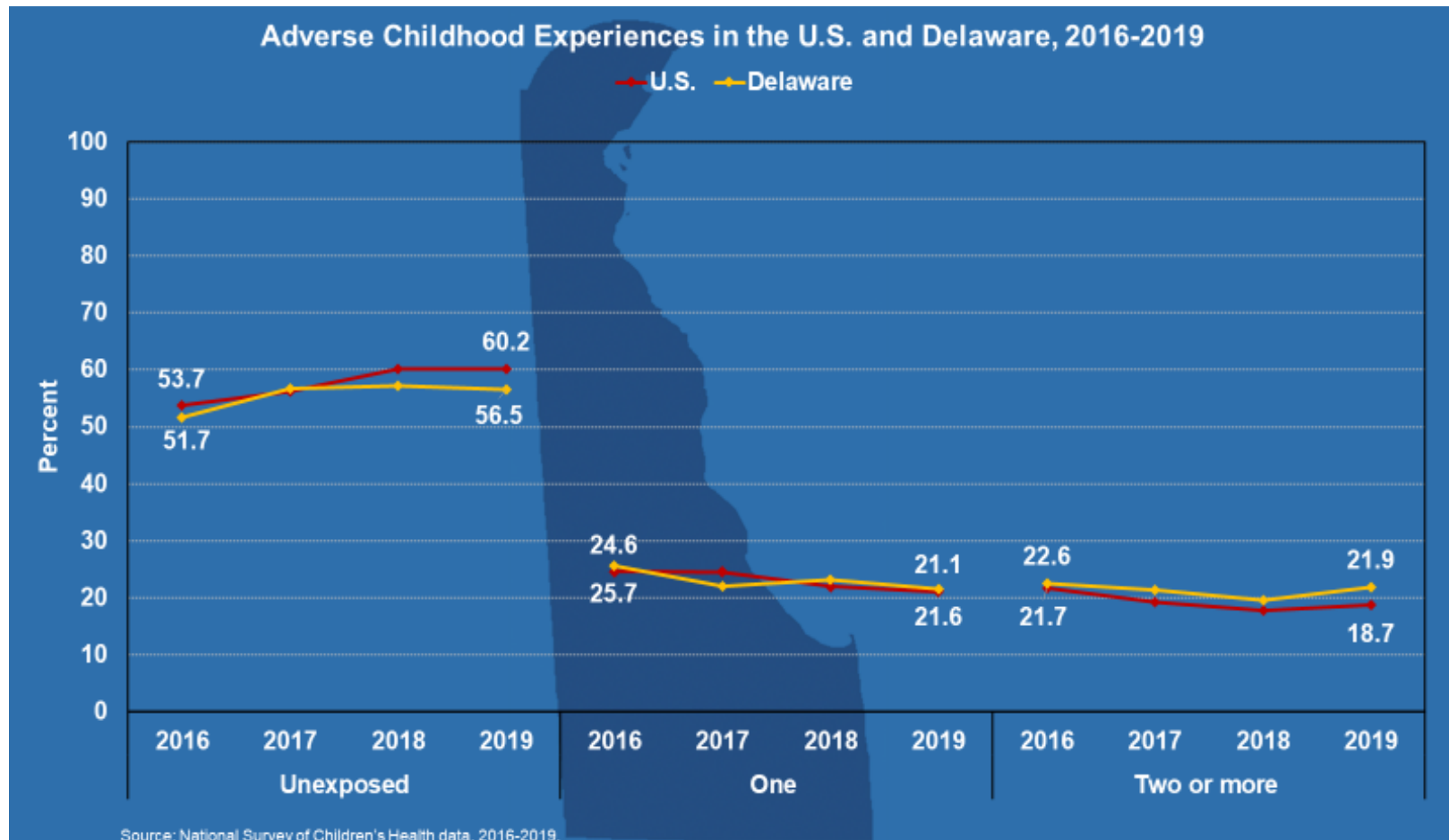
Preterm Births



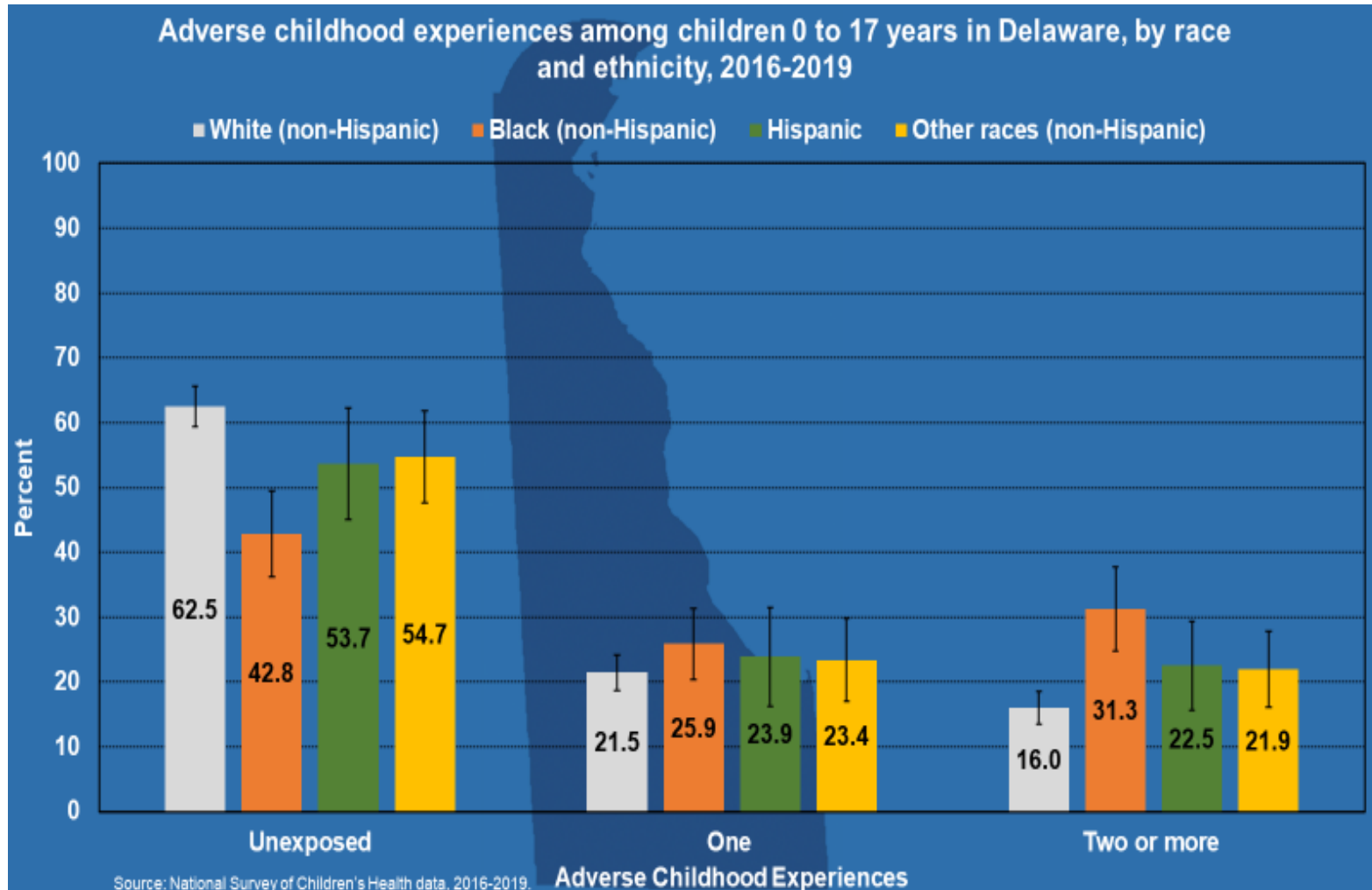
Infant Mortality



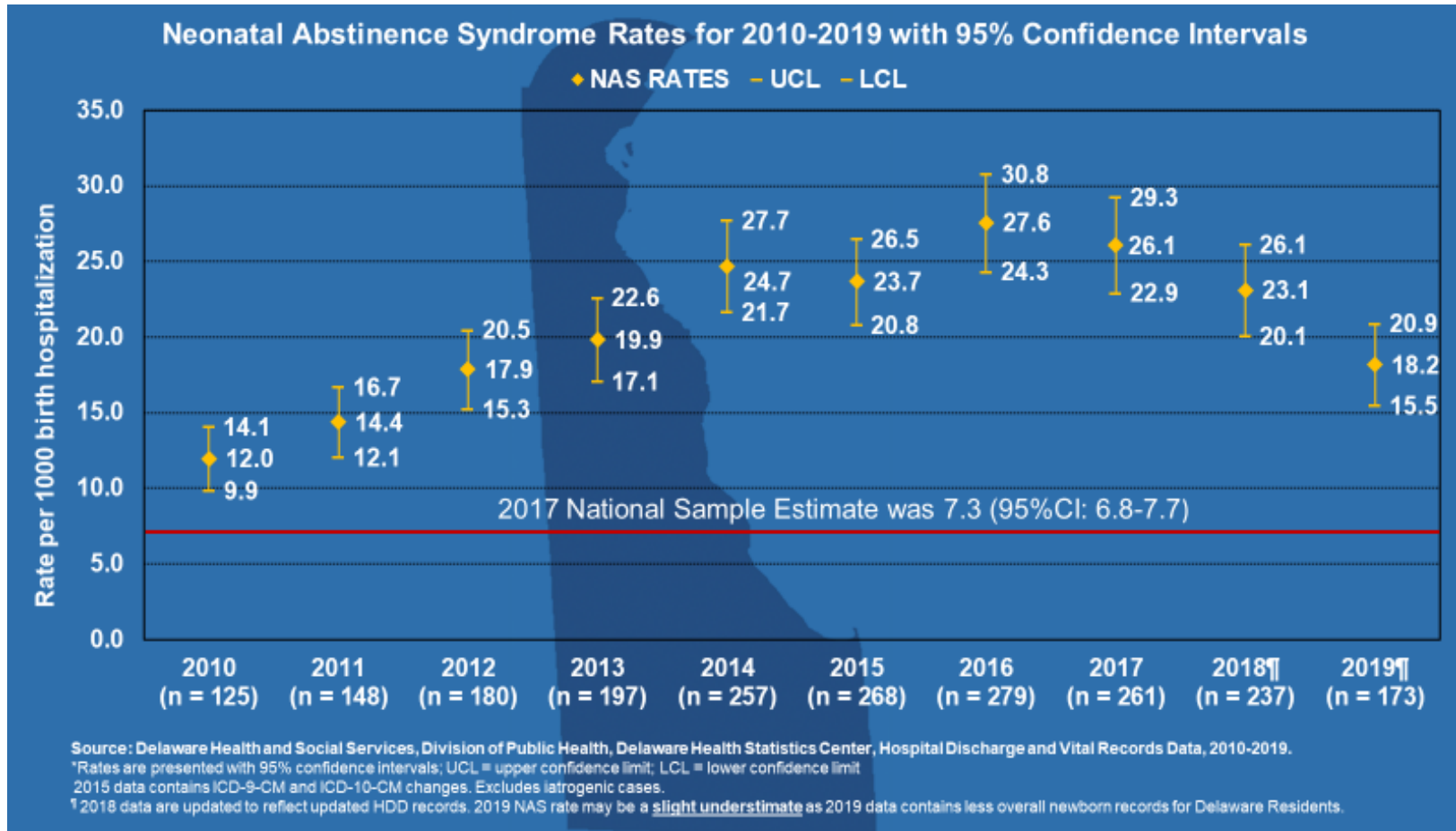
Adverse Childhood Experiences



Adverse Childhood Experiences cont.



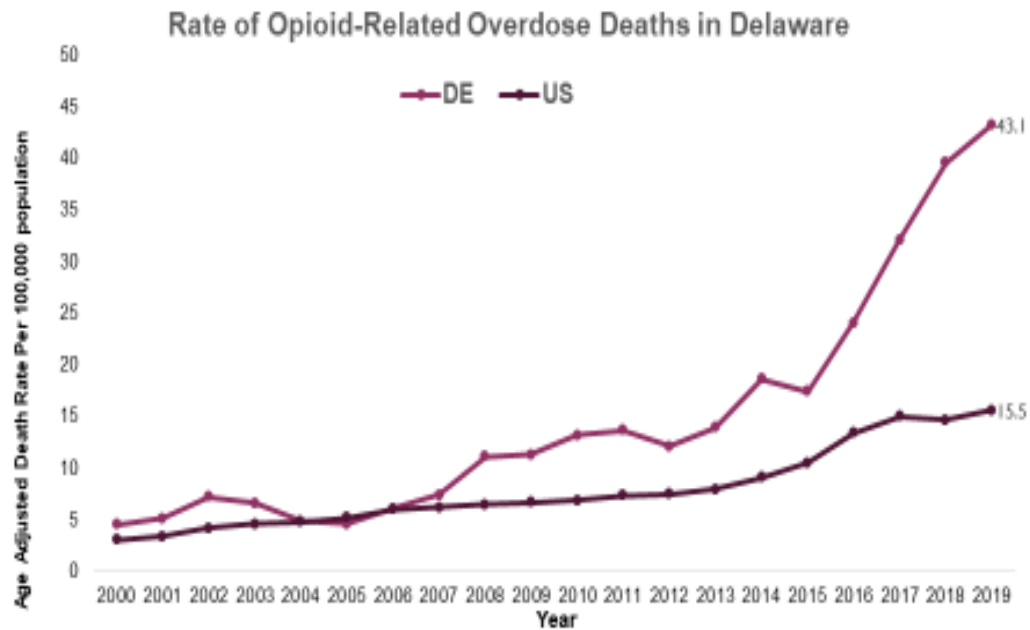
Neonatal Abstinence Syndrome





SUBSTANCE MISUSE AND MENTAL HEALTH

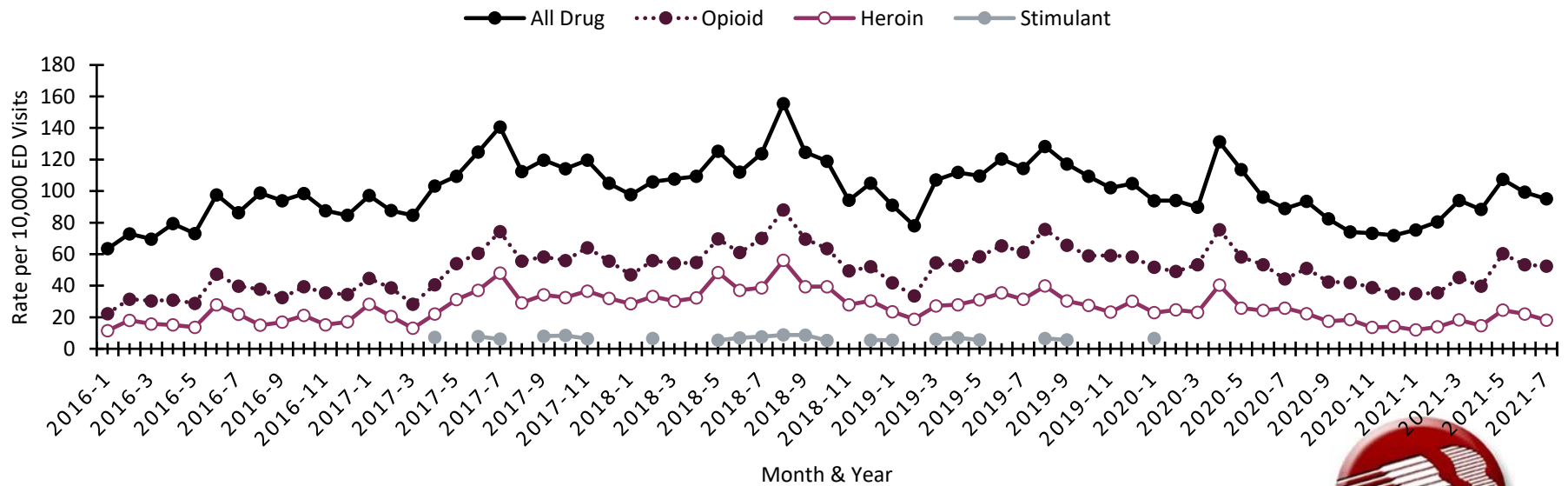
REVERSING THE OPIOID CRISIS



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

DRUG OVERDOSE EMERGENCY RATES

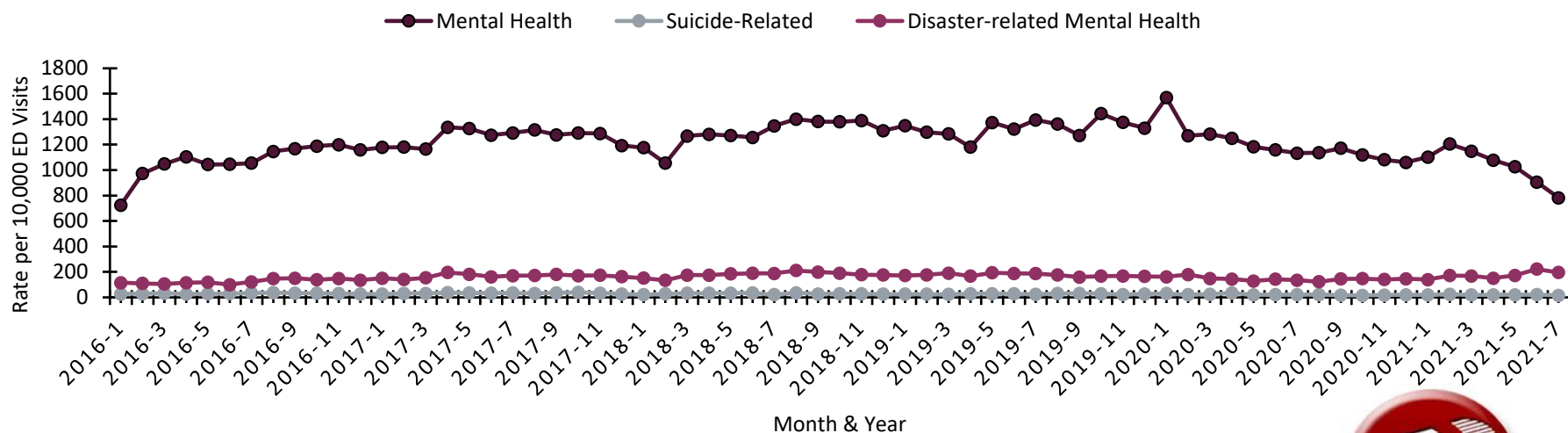
Monthly suspected non-fatal drug overdose rates, Emergency visits, by drug type, Delaware residents, January 2016-July 2021



Data source: Delaware Department Health and Social Services, Division of Public, Health Statistics Center and Delaware Electronic Surveillance System for the Early Notification of Community-based Epidemics (DE-ESSENCE). Notes: All drug, opioid, heroin, and stimulant categories were defined using syndromic surveillance definitions found in the National Syndromic Surveillance Platform (NSSP) and utilized in the Overdose Data to Action Technical Guidance for the Drug Overdose Surveillance and Epidemiology (DOSE) System, as of August 27, 2021. Rates based on counts less than 20 were suppressed.

MENTAL HEALTH EMERGENCY RATES

Monthly mental health indicators, Emergency visits, by key indicators, Delaware residents,
January 2016- July 2021



Data source: Delaware Department Health and Social Services, Division of Public, Health Statistics Center and Delaware Electronic Surveillance System for the Early Notification of Community-based Epidemics (DE-ESSENCE). **Notes:** Mental health, suicide-related, and disaster-related mental health were defined using syndromic surveillance definitions found in the National Syndromic Surveillance Platform (NSSP) and utilized in the Overdose Data to Action Technical Guidance for the Drug Overdose Surveillance and Epidemiology (DOSE) System, as of February 11, 2021. Rates based on counts less than 20 were suppressed.





HEALTHY COMMUNITIES DELAWARE INNOVATION FUNDING UPDATE

HEALTHY COMMUNITIES DELAWARE (HCD)

- **Goal:** To improve *health, well-being and equity* in low-wealth Delaware communities through *alignment, investment and impact*
- A network of partners, managed as a collaboration among:
 - Delaware Division of Public Health
 - University of Delaware Partnership for Healthy Communities
 - Delaware Community Foundation
- Long-term initiative to advance *healthy, safe and vibrant communities*
- Work *in partnership* with communities on resident-driven priorities related to the social determinants of health



SOCIAL DETERMINANTS OF HEALTH/VITAL CONDITIONS

- The conditions in which people are born, grow, live, work and age
- Shaped by the distribution of money, power, resources, structural racism
- Mostly responsible for health inequities - the unfair and avoidable differences in health status

Community
Vitality



Education



Environment



Food & Agriculture



Financial Health &
Wealth



Humane Housing



Job Creation &
Workforce Development



Public Safety



Health System &
Services



Transportation



WHERE DO WE SPEND? WHERE SHOULD WE INVEST?

Vital Conditions/ Social Determinants of Health

Transportation

Environment

Housing

Financial Health & Wealth

Job Creation, Workforce Development, Meaningful Work

Education

Community Vitality, Belonging, Civic Muscle

Basic Needs for Safety

Basic Needs for Health (including Healthy Food)



Urgent Needs

Acute Care for Illness & Injury

Homelessness Services

Unemployment & Food Assistance

Environmental Clean up

Criminal Justice, Violence, Emergencies

Addition and Recovery



\$1.4m Investment in Vital Conditions/SDOH

Community
Vitality



Education



Environment



Food & Agriculture



Financial Health &
Wealth



Humane Housing



Job Creation &
Workforce Development



Public Safety



Health System &
Services



Transportation



Thriving People & Places



OUTCOMES: LEVERAGED AND ALIGNED FUNDING

- Investment through HCD: \$1.4 million
- Aligned Funding: **Over \$3.3 million**
 - DHSS CARES Act funding
 - DPH PANO
 - DPH Health Equity
 - Partnership for Healthy Communities - MPH students
- Leveraged due to HCD: **Over \$2 million**
 - Nemours
 - Cornerstone West
 - Central Baptist CDC
 - Be Ready CDC
 - La Esperanza



LEVERAGED FUNDING OUTCOME EXAMPLE 2020-2021

La Esperanza (Georgetown, Western Sussex County)

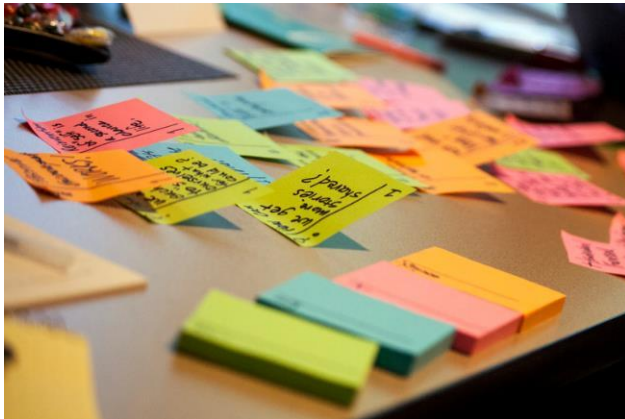
- Resource Navigation and Family Coaching to provide bi-lingual services (funding for staff)
- HCD Funding: 48,000
- Funding Leveraged: \$350,000
- Direct financial support to immigrants who do not have access to other resources.
- La Esperanza community guides screened clients for self-sufficiency, provided relevant referrals, and connected them with the financial resources.
- Having staff in place, both at La Esperanza and in the community in Georgetown, Seaford and Bridgeville (soon to be Milford and Laurel), made these resources more accessible to a wider range of families.



DOVER COMMUNITIES NCALL RESEARCH, INC.

Community-driven priorities identified

- Community Need Assessment and Action Plan
 - Derby Estates, Manchester Square & Willis Rd. Commons



EASTSIDE, WILMINGTON

CENTRAL BAPTIST CDC & HABITAT FOR HUMANITY OF NCC

Increased food security and increased access to healthy food

- 8,136 home deliveries of fresh produce to low-income families (NCC)
- 1 Food Access Initiative Business Plan

Increased affordable housing

- 1 Housing Market Analysis

Increased community and home safety

- 272 revitalization services for 152 residents (e.g., AC/furnace tune-ups, video doorbell installation, gutter cleaning, etc.)

Increased access to safe spaces that support well-being/health

- 1 Architectural plan for community center

Increased capacity to support community change

- 2 Staff members employed to support community change





PROCESS FOR DEVELOPING FY 23 RECOMMENDATIONS

FY 23 TIMELINE

- October
 - **10/13- Meeting #1**
 - Overview of settlement and budget
 - Review of applications and recommendation scenarios
 - **10/26- Meeting #2**
 - Review recommendation scenarios
- November
 - **TBD- Meeting #3**
 - TBD
 - Vote on final recommendations
 - **11/15- Recommendations due to Governor Carney and the General Assembly**
- Questions?





PUBLIC COMMENT

NEXT PUBLIC MEETINGS:

- Tuesday, October 26, 2021
 - 10:00 am – 12:00 pm
 - Virtual
- TBD
 - Virtual





THANK YOU